PATENT APPLICATION FEE DETERMINATION RECO									08/274942					
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	NTITY	OF	OTHER	OTHER THAN SMALL ENTITY	
FOR			NUME	BER FILED		NUMBER EXTRA		1	RATE		FEE		RATE	FEE
BASIC FEE											\$355.00	OF		\$710.00
TOTAL CLAIMS				62 minus 20 =			.12		x\$11.	-		OF		
INDEPENDENT CLAIMS				minus 3 =		• —		7	x 37=			OF	****	100
MULTIPLE DEPENDENT CLAIM PRESENT							1	+115	=		OR			
* If the difference in column 1 is less then zero, enter "0" in column 2								TOTA	ı		OR	TOTAL	1634	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	LE	NTITY	OR	OTHER SMALL		
AMENDMENT A		CLAI REMAI AFTE AMEND	NING ER		NU PREV	HEST MBER WOUSLY D FOR	PRESENT EXTRA	$\left\ \cdot \right\ $	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	2	7	Minus	" 6	a	-15		x\$11=	=		OR	x\$22=	3340
	Independent	3		Minus ***		3	- B		x 37=			OR	x 74=	
	FIRST PRE	PRESENTATION OF		MULTIPLE DEPEN		NT CLAIM		7[+ 115=			OR	+230=	
01/12/04 (Column 1)					(Colu	ımn 2)	(Column 3)	ADI	TOTAL DIT. FEE			OR A	TOTAL DDIT. FEE	33000
AMENDMENT B		CLAII REMAII AFTE AMENDI	VING R		NUN PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	·		Minus	••	2/	=	11	x\$11=			OR	x\$22=	
	Independent	• -	}	Minus	C) (=	11	x 37=	1		OR OR	x 74=	
_	FIRST PRESENTATION OF MULTIPLE D				EPENDENT CLAIM			1	115=	T		OR	+ 230=	
(Column 1) (Column 2) (Ca						(Column 3)	ΑD	TOTAL DIT. FEE			ORAL	TOTAL DIT. FEE		
AMENDMENT C		CLAIN REMAIN AFTEI AMENDN	IING R			IBER OUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	**		8	_x	\$11=	T		OR	x\$22=	
	Independent	٠		Minus	***		=		x 37=	T	1	OR	x 74=	$\neg \neg$
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								115=	T		OR OR	+230=	
II th	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL If th "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". ADDIT. FEE If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											OR L	TOTAL DIT. FEE	
01	e riignest Numi	pet Ltevior	usiv Par	d For" IN TH	IS SPACE	is less tha	n 3, enter *3*. highest numbe				ooriate box			